

# PASSPORT To Health

Provider Newsletter

Keeping Providers Informed

Volume 1, Issue 2, Spring 2004

## Inside This Issue

Quarterly Changes in Referral Numbers Coming Summer 2004 .....	1
Calling All Primary Care Providers .....	1
Guidelines for Changing a Provider's Address, Phone or Clinical Fax Number .....	2
In the Spotlight: Mountain-Pacific Quality Health Foundation.....	2
When are New PASSPORT Numbers Issued to PASSPORT Providers? .....	3
Guidelines for Notifying PASSPORT Clients of Provider Changes.....	3
PASSPORT To Health and Indian Health Services .....	3
Frequently Asked Questions .....	3
Early Detection of Breast Cancer Saves Lives .....	4

## Key Contacts

### PASSPORT To Health Provider Relations:

For provider enrollment, disenrollment, changes and provider materials:

(800) 624-3958 In State  
(406) 442-1837

Mail documentation to:  
Provider Relations  
PO Box 4936  
Helena, MT 59604

### PASSPORT To Health & Medicaid Help Line for Clients:

For client enrollment, disenrollment, changes and client materials:

(800) 362-8312

**Provider Information Website:**  
<http://www.mtmedicaid.org>

## Important Notice: Quarterly Changes in PASSPORT Numbers Coming Summer 2004

The Department is implementing a change which will affect your PASSPORT provider number. Beginning August 2004, your PASSPORT or "referral" number will be changing on a quarterly basis. This change is being implemented to assure that a medical home for our clients is being established. This will also assure that other providers are not using your referral number without your permission. A letter will be sent to you a month before the new referral number takes affect. The letter will indicate which dates the new referral number is to be used. More information on this change will appear in the Claim Jumper(s) and a Provider Notice will be sent out before the change is implemented. If you have any questions about this upcoming change, you may call Niki Scofield at 444-4148 or Crystal Nachtsheim at 457-9564.

## Calling All Primary Care Providers

This is a call to all primary care providers in Montana and surrounding states: North Dakota, Wyoming, and Idaho, "Please enroll in the PASSPORT To Health Program!"

The PASSPORT To Health Program is Montana Medicaid's managed care

program. Providers who enroll as PASSPORT Primary Care Providers (PCPs) receive many benefits such as:

- **Increased payment.** Providers receive a monthly case management fee for each client, whether or not they see the client that month.
- **Control of patient load.** Each PASSPORT provider determines the size of his or her PASSPORT enrollment.
- **Dedicated program staff to assist with problems.** The PASSPORT Program maintains a toll free line for providers as well as for clients (see *Key Contacts*).
- **Free on-site training**
- **A stronger provider/patient relationship**
- **Helping to promote preventive health care for children and adults**

To make it easy to enroll as a PASSPORT PCP, the PASSPORT program is mailing all eligible providers in Montana and the surrounding states a packet of information regarding the program along with a PASSPORT To Health



agreement. The targeted providers for this mass mailing are:

- Family practice
- General practice
- Geriatrics
- Internal medicine
- Pediatrics
- Physician assistants
- Certified nurse specialists

Providers with one of these specialties should not hesitate to call and discuss any questions or concerns. The number to call is 1-800-624-3958, extension 564. Additional PASSPORT information is available on the Medicaid Provider Information website (see *Key Contacts*), under the *PASSPORT* option. With the help of our providers, we can make a difference in the lives of others!

### **Guidelines for Changing a Provider's Address, Phone or Clinical Fax Number**

Whenever a PASSPORT provider has a change in one or more of the following items, a letter of notification must be sent to PASSPORT To Health Provider Relations (see *Key Contacts*):

- Physical Address (include a W-9)
- Mailing Address
- Office phone number
- 24-hour phone number
- Clinical fax number

The letter of notification should be on the provider's letterhead and must include the following items:

- Date
- Provider Name
- Current Montana Medicaid ID number
- Current PASSPORT To Health number
- Brief explanation of the change and its effective date
- Authorized signature

Providers can download a W-9 from the Provider Information web site at [www.mtmedicaid.org](http://www.mtmedicaid.org).



### **Mountain-Pacific Quality Health Foundation [www.mpqhf.org](http://www.mpqhf.org)**

The Mountain-Pacific Quality Health Foundation (MPQHF) has been providing services for Medicaid providers and clients in Montana since 1972. The mission and goal of the MPQHF is to promote and evaluate the quality of health care in the areas they serve: Montana, Wyoming, Hawaii and the territories of Guam, the Commonwealth of the Northern Marianas and American Samoa.

The MPQHF serves both Medicare and Medicaid clients in Montana by providing evaluation and authorization for certain services such as:

- Acute-care
- Long-term care
- Transportation
- Personal assistance
- Home health and private-duty nursing
- Prescription drug utilization

MPQHF reviews and authorizes requests for certain hospital services such as transplants and rehab services as well as all out-of-state hospital inpatient services. Evaluation includes appropriateness of setting and type of care and services rendered. As a reminder, all out-of-state inpatient admissions require prior authorization from MPQHF unless it is an emergency. Emergent admissions must be authorized within 48 hours of admission. To obtain a prior authorization for out-of-state inpatient admissions, call 1-800-262-1545, extension 150.

For long-term care services, MPQHF reviews appropriateness of home and community-based services and nursing facility placement. These reviews ensure that individuals receive care in a place where their needs will be met.

Medicaid clients may receive reimbursement for travel expenses incurred while receiving Medicaid services, and some ambulance services require evaluation and approval. These requests are reviewed and authorized by MPQHF.

The personal assistance review is an on-site home review performed by MPQHF. The purpose of the review is to determine the type and amount of personal care required for home care assistance.

The home health and private-duty nursing services review determines the patient's need for private-duty home nursing or other home health services. The MPQHF also monitors patients' health status and suggests alternative services that meet the patients' needs and promote cost-effective care.

Finally, the drug utilization review is a program that informs physicians and pharmacists of high-risk drug therapy situations so that inappropriate drug therapy can be avoided.

In addition to working with our Medicaid clients, MPQHF focuses on protecting the health of people with Medicare by:

- Promoting healthful lifestyles and preventive care
- Informing people with Medicare about their medical rights
- Performing medical reviews when requested.

The MPQHF is a wonderful resource for all providers and hospitals. Any questions about the services or literature they distribute can be directed to 1-800-497-8232 or visit their website.

## When are New PASSPORT Numbers Issued to PASSPORT Providers?

Providers are issued a new PASSPORT number under the following circumstances:

- Provider requests a new number. PASSPORT providers can request a new PASSPORT number whenever they feel it's necessary, up to once a month.
- Provider is issued a new Montana Medicaid number and wishes to continue as a PASSPORT provider. The provider must request a change in the PASSPORT number.
- Change in ownership of medical practice
- Provider re-enrolls in the PASSPORT To Health program
- At the discretion of the Department of Public Health and Human Services (DPHHS). In this case, the Department will notify the provider in advance.

If a provider uses an existing PASSPORT provider number with an invalid Medicaid ID number, the claim will be denied, and it is very important to use the correct PASSPORT number when making referrals, or Medicaid will not pay for the service.

## Guidelines for Notifying PASSPORT Clients of Provider Changes

The provider contract states that providers must notify their clients and the Department when any of the following changes are made:

- Office moves to a different location
- Provider terminates PASSPORT agreement
- Phone number changes
- Provider disenrolls client from caseload

Providers must notify their clients at least 30 days in advance of the change. To notify the Department, contact PASSPORT Provider Relations (see *Key Contacts*) with the change.

## PASSPORT To Health and Indian Health Services

All Native Americans are entitled to health services through Indian Health Services (IHS). Some Native Americans may also be eligible for Medicaid, and in those cases, Medicaid pays for services provided

through IHS as well as non-IHS provided services.

A Native American PASSPORT client may choose to have an IHS as his or her primary care provider (PCP), as long as the IHS is a participating PASSPORT provider. The client may alternatively choose to have a PCP outside of IHS.

If the Native American chooses a non-IHS physician as his or her PCP, the client does not need to get a referral for services rendered at the IHS. If the IHS is not the PCP and refers the client, the PCP's authorization is

## Frequently Asked Questions

Q Do I have to give the referral number if the service has already been performed?

A NO! The provider requesting the number should always get approval from the primary care physician before rendering treatment to the client. The primary care physician should not feel obligated to give that number every time it is requested. The PASSPORT number is not a billing number. Instead, it is a clinical referral number that should only be given when a client needs medically necessary services that the primary care physician is unable to provide. For example, it would be appropriate to give out the referral number for a service or treatment that was performed when the client was traveling out of town. It may not be appropriate to give out the referral number to a provider living in the same town.

Q Who is authorized to give the PASSPORT referral number?

A The primary care physician is responsible for making the clinical judgment as to whether or not a service is medically necessary. However, the provider can designate another clinical provider to make that determination if he or she is not available to do so (e.g., an on-call provider). The clinician making the determination can either relay the decision to the caller directly or have office staff relay the decision to the caller. A non-clinical individual cannot make a medical decision as to whether or not the client needs a service.

Q As the billing clerk, can I refuse to give out the PASSPORT number?

A As stated earlier, only the primary care provider has the authority to make or deny a referral. The PASSPORT referral number is not a billing tool, but a clinical referral for medically necessary services.

Q Who is required to enroll in the PASSPORT To Health Program?

A Most clients are required to enroll in PASSPORT To Health. Clients that are not required to enroll in PASSPORT are considered either exempt or ineligible. If participation in PASSPORT causes a medical hardship, clients may petition the state for an exempt status. The Department has determined the following clients are ineligible for PASSPORT enrollment:

- Clients living in a nursing home or other institution
- Clients with both Medicare and Medicaid coverage
- Clients classified as medically needy and have an incurment
- Clients who will receive Medicaid benefits for only three months or less
- Clients who live in a non-PASSPORT county
- Clients who are in subsidized adoption
- Clients who have only retroactive eligibility
- Clients who are receiving Home and Community Based Waiver Program Services

required to receive payment from Medicaid for the service.

IHS is the payer of last resort. If the client is a Native American Medicaid client, Medicaid needs to be billed first. For further information regarding this issue, please refer to the *Physician Related Services* manual.

### Early Detection of Breast Cancer Saves Lives

May has been proclaimed Pink Ribbon Month in Montana in an effort to educate women about breast cancer and encourage them to make an appointment for a clinical breast exam and mammogram.

The American Cancer Society estimates 590 new cases of breast cancer will be diagnosed in Montana this year and that 110 Montanans will die from breast cancer.

The Montana Central Tumor Registry (MCTR) reports that from 1998-2002 there were 2,694 cases of breast cancer reported and the overall five-year survival rate was 86 percent.

The five-year survival rate for Montanans diagnosed with Stage I breast cancer was 97 percent. There were 609 new cases of breast cancer reported in Montana in 2002. That same year, there were 154 deaths from breast cancer — four were men.

According to John W. McMahon, Sr., M.D., corporate medical director for the Mountain-Pacific Quality Health Foundation, a mammogram is the best way to detect Stage I breast cancer.

"Stage I breast cancer typically does not exhibit any clinical symptoms. It can be so small that it may not be detected by a patient or their doctor upon clinical exam. The best way to discover Stage I breast cancer is with a mammogram," McMahon said.

While breast cancer is not currently preventable, regular mammograms and clinical breast examinations can catch the disease in its early stages, when there are more treatment options available. Early detection and treatment save lives.

"There are far more treatment options available to a patient diagnosed with stage I breast cancer. As a

surgeon, I cannot over emphasize the importance of annual clinical breast exams and mammograms for women 40 and older. The best practice for a woman to follow is to visit her physician for a clinical breast exam prior to having her mammogram. Mammography in conjunction with a clinical breast exam is the ideal combination," McMahon said.

Medicaid covers annual clinical breast exams and mammograms. In addition, the Montana Breast and Cervical Cancer Treatment Program covers clinical breast exams and mammograms, diagnostic services for abnormal tests and referral to cancer treatment if necessary for those who are underinsured or who have no health insurance. For more information on this program, see the *General Information For Providers* manual, *Client Eligibility and Responsibilities* chapter. This manual is available on the Provider Information website (see *Key Contacts*). For information on screening through the MBCHP program, clients may call (888) 803-9343.

### Pink Ribbon Month - Spread the Word

The Montana Partners For Prevention have designated May as Pink Ribbon Month in an effort to educate women about breast cancer and encourage them to make an appointment for a clinical breast exam and mammogram. Providers can help get the word out by reminding their clients to schedule an exam.

The pink ribbon is the symbol for breast cancer awareness conceived in 1991 by Evelyn H. Lauder, founder and president of the Breast Cancer Research Foundation and Alexandra Penney, then-editor of *Self* Magazine. Lauder says, "The ribbon stands for awareness. And it stands for the sisterhood that will help women survive - and conquer- this disease."

